Advancing Female Pelvic Medicine and Reconstructive Surgery

1100 Wayne Ave, Suite 670
Silver Spring, MD 20910
301.273.0570 ▪ Fax 301.273.0778
info@augs.org ▪ www.augs.org

Coding for Posterior Tibial Nerve Stimulation

Posterior tibial nerve stimulation (PTNS) therapy is a minimally invasive neuromodulation treatment designed to provide sacral nerve stimulation through percutaneous electrical stimulation of the posterior tibial nerve. The procedure consists of insertion of a percutaneous needle above the medial malleolus into a superficial branch of the posterior tibial nerve. Possible problems or complications of this procedure include excessive bleeding and disruption of cardiac pacemakers. A Medicare coverage database exists online at : https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35011&ContrId=325&ver=2&ContrVer=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Both&s=All&KeyWord=

CPT code 64566: percutaneous implantation of a temporary needle

CPT codes and RVU table from 2017 National Physician Fee Schedule:

CPT code	Description	Total RVU (Non-Facility)	Total RVU (Facility)
64566	Neuro-electrical stimulation posterior tibial	3.61	0.87

Billing Tips:

PTNS is a covered benefit as third line therapy for the treatment of Overactive Bladder Syndrome. Eligibility typically requires that a patient has failed a trial of two pharmacologic agents (e.g. each given for a minimum of four weeks), or has been intolerant of drug therapy, or has specific contra-indications to drug therapy. NGS covers an initial therapy of 12 weekly treatment sessions. While PTNS is covered by CMS, coverage varies amongst commercial insurers, and providers may want to have the procedure pre-certified in advance to ensure coverage.

Last Updated by the AUGS Coding and Reimbursement Committee on January 2017

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Documentation:

Most carries have stringent criteria for coverage, and it is imperative that the provider document failure of prior therapy, and clearly define current symptomatology of overactive bladder. The medical record should document attempted management with first and second line therapy to include:

- Prior failed treatment with medical management and behavioral therapy.
- Prior urinalysis, history and physical exam.

DOCUMENTATION GUIDELINES:

1. The medical record should address the patient's cognitive ability to understand and interact with the methodology of treatment.

2. The indication for treatment should be clearly documented (e.g. urge incontinence N39.41, mixed incontinence N39.46-mixed incontinence, R35.0- frequency of micturition).

3. The medical record should document at least one of the following criteria: Patient has failed treatment with two anticholinergic drugs, each taken for at least 4 weeks duration, prior to the PTNS therapy initiation OR patient intolerance to anticholinergic drug therapy

4. On the fifth or sixth visit, the provider should separately document the degree of improvement in symptoms, as objectively as possible. Therapy should be discontinued at this point if in the opinion of the provider, insufficient progress has been made.

Medicare will allow treatment beyond the initial 12 sessions at a frequency of once every 1 to 2 months for up to two years. Subsequent treatment will not be covered

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Coding Pitfalls:

CPT codes 64553, 64555, 64561, 64565, 64590 : are percutaneous implantation of neurostimulator electrodes, and inappropriate for PTNS billing

References:

- CPT is a registered trademark of the American Medical Association, Copyright 2016 2016 Medicare Physician Fee Schedule
- 2016 ICD-10-CM CMS General Equivalence Mappings.

Or the web link can go here: https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35011&ContrId=325&ver=2&ContrVer=1&SearchType=Advanced&CoverageSelection=Both&NCSelection=NCA%7cCAL%7cNCD%7cMEDCAC%7cTA%7cMCD&ArticleType=SAD%7cEd&PolicyType=Both&s=All&KeyWord=

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